

**A03.EMSG. Preparing The Critically Ill Adult Patient for Transfer**

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**Background:** The reorganisation of hospital services in Ireland, the development of hospital groups, centralisation of specialties and reconfiguring of smaller hospitals necessitates inter hospital transfer of patients requiring specialist care to an appropriate hospital that meets their clinical needs. In Ireland, in excess of 1000 adult critical care inter hospital transfers occur per annum.(1) The 'hub-and-spoke' model is aligned with the hospital group structure and connectivity between hospitals is provided through agreed transport and retrieval services. These transfers are generally undertaken by local teams (usually an anaesthetic NCHD and a nurse) using an emergency ambulance and crew. Multidisciplinary team training is provided, by Critical Care Retrieval Services, using local resources in a framework enhancing safety and preparedness. **Aims:** A critical care transfer checklist with a systematic approach provides a framework to address the elements of critical care, transport physiology changes and reduce potential adverse events when transferring critically ill patients.(2) The use of transport specific adjuncts and packaging the patient systematically not only addresses transport issues e.g. temperature, but also facilitates emergency interventions en route. **Conclusion:** Patient safety is a fundamental principle in healthcare and is the responsibility of healthcare practitioners to apply quality improvement methods to effect process and system improvements. The use of a systematic approach to patient management when transporting critically ill patients establishes a higher level of performance reduces cognitive dissonance and provides a framework for clinical teams and reduces the potential for human error.(3)

**References**

1. Murphy AM, Dwyer, R (2015) national survey of inter hospital transfer of critically ill patients.
2. Intensive Care Society (2013) Intensive Care Checklist for inter hospital transfers.
3. AAGBI (2009) Inter hospital transfer.

**A04.EMSG. Thoughts, Ethics and Actions in Emergency Medical Services Photography.**Kieran Minihane<sup>1</sup>\*, Ann Payne<sup>2</sup>.

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*"Photography can only represent the present. Once photographed, the subject becomes part of the past."* - Berenice Abbott (July 17, 1898 – December 9, 1991).

A picture tells a thousand words...a bride, a storm, a child killed by a bomb; a photo of is a moment in time, a split second & then becomes history. So what of the role of photography in Emergency Medical Services (EMS)? It is about education, history, documenting, & recording & promotion. Important daily personal memories are imprinted when say, we have coffee with our colleagues and we talk about a call we did, maybe a bad call, someone breaks the tension; *"Time for a photo?"* A time will come when we look back & remember not only a bad call, but also who had our back that day. Old photographs of EMS show us how far we have come in terms of equipment, personnel, and training. Without photos we would have no reference point. It's a sobering thought that the EMS photos we take today in good faith may in fact be the warnings of tomorrow. Of course there is a graphic side of EMS photography. Photographers are rightly held to account to portray individuals and scenes with the utmost respect to the patient and their families.1. Passersby can be opportunistic and sometimes thoughtless at crisis scenes. Is it OK to photograph a person in their dying minutes? Graphic photos taken by EMS personnel are used as visual aids when in the Emergency Department (ED) in our hospitals. But where is the line drawn...or is there a difference?

The National Press Photographers Association (NPPA) Code of Ethics Summary guide expresses this nicely as, 3; *"Photographic and video images can reveal great truths, expose wrongdoing and neglect, inspire hope and understanding and connect people around the globe through the language of visual understanding. Photographs can also cause great harm if they are callously intrusive or are manipulated"*.

*"No, it's personal"* When we take photos of our colleagues and other emergency services, we have a responsibility to protect our other front line colleagues. Underneath the uniform is a person, who is taking on and then managing risks on behalf of others. We are proud of the people who protect us, who run to us in our hour of need, who face fire and fight to save the lives of loved ones. A 'smiling selfie' drinking coffee can cover up the previous callouts of an attack with a bloody syringe, the sudden quiet of people inside a burning building, or the distressed relatives at the loss of a child. Take out your cameras, with a photo a moment in history is saved. Along with the images, emotions are stored. But always with a caution and a nod to the ethical code of conduct above; The photographer's intent is where the red, blue, green, and white line is drawn...